## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

1. Corporation Name

712610

(5)

## IGLESIA MISIONERA ASAMBLEA DE DIOS. INC.

Country

g. Name and Address of Current Registered Agent

Principal	Place	of	Business

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

Ζip

Same as above

Mailing Address

4110 W. LEMON STREET TAMPA FL 33609

4110 W. LEMON STREET TAMPA FL 33609

2a. Mailing Address

City & State

Zip

28

29

Suite, Apt. #, etc.

<u>Same as above</u>

**FILED** 

Aug 20 1997 8:00am

Secretary of State

3. Date Incorporated or Qualified 04/18/1967	3a. C	a. Date of Last Report 03/06/1996		
4. FEI Number 59-1933704			Applied For Not Applicat	
6. Certificate of Status Desired			5 Additional Required	
Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees	
This corporation owes or has pa     Personal Property Tax due June		irrent year	Intangible No	

RODRIGUEZ, RICARDO 4110 W. LEMON ST **TAMPA FL 33609** 

1.	Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the abo	QV€	-named corporation submits this statement for the purpose of changing its registered
	office or registered agent, or both, in the State of Florida. Such change was authorized	by	the corporation's board of directors. I hereby accept the appointment as registered
	enent Lem temilier with and accept the obligations of Section 617 0503. Florida Statut	itoc	

82

83

84 City

Country

Name

Street Address (P.O. Box Number is Not Acceptable)

30

agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable (NOTE	Registered Agent signature reg	ulred when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		O OFFICERS AND DIRECTOR	RS IN 12	
TITLE	PD	DELETE	1.1 TITLE		Change	Addition	
NAME	RODRIGUEZ, RICARDO		1.2 NAME			lì.	
STREET ADDRESS	4110 2 W LEMON ST		1.3 STREET ADDRESS			] {	
CITY-ST-ZIP	TAMPA FL		1.4 CiTY+ST-ZIP			13	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition C	
NAME	RIOS, DAVID		2.2 NAME				
STREET ADDRESS	10908 AIRVIEW DR.		2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP			ŀ	
TITLE	SD .	DELETE	3.1 TITLE		☐ Change	☐ Addition	
NAME	DIAZ, RUTH		3.2 NAME			1	
STREET ADDRESS	16018 SADDLECREEK DRIVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-ZIP			i	
TITLE		DELETE	4.1 TITLE	, , ,	☐ Change	☐ Addition	
NAME			4. 2 NAME		•		
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY+ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition	
NAME			5.2 NAME	•			
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP	•		-	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 33 changed, or one an attachment with an address.

85 Zip Code